

HEALTH EDUCATION APPLICATION FOR GRADUATE ASSISTANTSHIP

(Return to Health Education, 2208 Carol Belk Building, East Carolina University, Greenville, NC 27858)

Name: _____ Banner ID: _____ Date: _____

Undergraduate College or University: _____

Degree Earned: _____

Address at which you can always be reached: _____

Telephone @ this address: _____ E-Mail: _____

List the full names, addresses, phone numbers, and official positions of two (2) persons who are qualified to evaluate your scholarship, professional ability, and other factors generally considered when applying for a position. You need not request that they provide reference letters.

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Areas of Experience and Certification: The following information is requested to help ascertain your abilities in specific areas as a Graduate Assistant.

I have had ____ years of experience in Health Education.

Please check the items below in which you have had some teaching/work experience.

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Family Living | <input type="checkbox"/> Communicable Diseases | <input type="checkbox"/> Consumer Health |
| <input type="checkbox"/> Health Values | <input type="checkbox"/> Sex Education | <input type="checkbox"/> Heart Disease & Cancer | <input type="checkbox"/> CPR |
| <input type="checkbox"/> Alcohol Education | <input type="checkbox"/> First Aid & Safety | <input type="checkbox"/> Environmental Health & Ecology | <input type="checkbox"/> Family Planning |
| <input type="checkbox"/> Drug Education | <input type="checkbox"/> STD's | <input type="checkbox"/> Population Dynamics | |
| <input type="checkbox"/> Other (Please specify): | | | |

CERTIFICATIONS: Check all that apply.

- | | | |
|--|---|---------------------------------|
| <input type="checkbox"/> Standard First Aid | <input type="checkbox"/> Cardiopulmonary Resuscitation | <input type="checkbox"/> E.M.T. |
| <input type="checkbox"/> Standard First Aid Instructor | <input type="checkbox"/> Cardiopulmonary Resuscitation Instructor | |
| <input type="checkbox"/> Teacher's Certification (Area): | | |

Computer Skills: Please check appropriate categories below.

I have at least some experience using:

Skill	Windows	Macintosh	List specific program(s)
Word Processing	_____	_____	_____
Spreadsheet	_____	_____	_____
Database	_____	_____	_____
Presentation software	_____	_____	_____
Desktop Publication	_____	_____	_____
Multimedia	_____	_____	_____
WWW homepage production	_____	_____	_____

Additional Information To Support Your Application

Requirements of all Health Education Graduate Assistantships include the following:

1. Must be admitted to the Health Education graduate program.
2. Must attend a pre-school in-service workshop (two days) in the week prior to beginning of fall classes.
3. Must attend monthly in-service workshops.

----- **Do Not Write Below This Line** -----

APPLICATION SUMMARY DATA

GRE Aptitude Score: Verbal	Miller Analogies Score:	GPA Undergraduate Total:
Quantitative		

Graduate Committee Recommendations

Accept as a Definite Choice _____	Rank Among Applicants _____
Accept as an Alternate _____	Reject Application _____
Contract Offered _____	Date: _____
Contract Terminated _____	Date: _____
Contract Signed and Approved _____	Date: _____

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